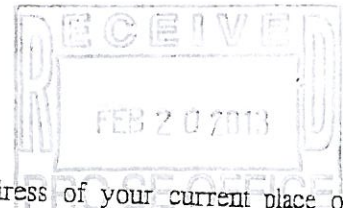


1

(check one)

~~I am not~~

I demand a Jury Trial within 10 Days of Service of the answer.



Defendant No. 1

Name \_\_\_\_\_

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 2

Name \_\_\_\_\_

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 3

Name \_\_\_\_\_

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 5

Name \_\_\_\_\_

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? New York  
Downtown Hospital, Manhattan Detention Center.  
09-09 Hazen Street East Elmhurst NY, NY, 11370.

B. Where in the institution did the events giving rise to your claim(s) occur? my cells  
in Both Jails.

C. What date and approximate time did the events giving rise to your claim(s) occur? Tuesday, 4, 2013 and continue on the  
6, 7th Exsadura.



Facts:

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

M. NeeD Ham #51131100692  
J. Santana #52411207479

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Temporary Paralysis and Having to be  
Wheel Chair Bound. Mentally & Emotional  
Physically Chastise and unreasonably Punishment.  
Medical malpractice. Low Back Pain  
Crawls & unreasonably Punishment.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

GRVC, M.D.C. Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

in the grievance Box in the Housing Facility  
in 7 South Housing Area 3 GRVC HA  
1. Which claim(s) in this complaint did you grieve? Every claim

2. What was the result, if any? Nobody got back to me.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I Never Went Farther  
than Filing a grievance. Do to the Fact  
by the (MD) and (RW) Denying my Moderation  
I really Havent Had any Energy TO really  
get up to use the Bath room, TO sick to  
Function.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you



informed, when and how, and their response, if any: I Never  
got an Answer for my grievance.

(G.) Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like  
4.4 million dollars 1 million for what  
Doc put me through. 1 million for  
what the Hospital put me through.  
2 million for what The Department  
of Mental Hygiene put me through.  
and putting me in a life of Deaf  
situation.

I would all so like to be put  
out of this call states. & in a home  
like The Doctor recommended, that will  
Happy to me. Take me out this life and  
Deaf situation. and Never be put back  
in this predicament again.

On  
these  
claims

## VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No 1

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_ No 1

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Plaintiff

Inmate Number

Institution Address

William D. D'Amico  
3491220956  
09-09 Hazen St  
3ast Elmhurst NY  
NY 11370 11A  
GRUC.

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

William D. D'Amico



Defendant No. <sup>4</sup> New York Downtown  
Hospital.

Were currently Employed: New York Downtown  
Address: 170 William Street New York, NY 10038  
Defendant <sup>5</sup>

Department of Correction

Defendant: <sup>6</sup> Comptroller of Department of Correction  
John Doe or Jane Doe of Manhattan  
Detention Center.

Defendant: <sup>7</sup> Warden John Doe or Jane Doe  
of Manhattan Detention Center.

Defendant <sup>8</sup>: Captain Jane Doe shield #  
911. Capt Webb. Surrogate Captain  
Shield # ??? Capt Blastgate. Tall Cornrolls  
To the Back Dark Skin about 450 Pounds.  
area captain in 7500th. call from M.D.C Facility.

Defendant: <sup>9</sup> Walker (PT) M.D.C Facility.  
Work in the clinic. Bold Heart Brown Skin mid 40s

Defendant: <sup>10</sup> MS Hayes (RN) M.D.C Nurse.

Defendant: <sup>11</sup> John Doe Bay # 14624 M.D.C worker

Defendant: <sup>12</sup> Department of Health and Mental Hygiene



Defendant: <sup>13</sup> ~~12~~

Commissioner of GRVC Correctional  
Facility, John Doe ~~or~~ Jane Doe  
Bing of IIA

Warden Jane Doe or John Doe of  
GRVC Correctional Facility Defendant: <sup>16</sup>  
~~15~~ Bing IIA

Defendant: <sup>14</sup> ~~13~~ Dept of GRVC Bing in  
IIA Jane Doe John Doe.

Defendant: <sup>15</sup> ~~14~~ Department of Health and  
Mental Hygiene of the Bing Jane Doe  
or John Doe of GRVC.

Defendant: <sup>16</sup> ~~15~~ Surrogate Warden of the  
Bing of GRVC Jane Doe or John Doe

Defendant: <sup>17</sup> ~~16~~ Commissioner Surrogate of  
The Bing of GRVC Jane Doe or John Doe

Defendant: <sup>18</sup> ~~17~~ Dept of Surrogate of ~~18~~  
The Bing GRVC John Doe Jane Doe.